

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101 538000

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 1 <sup>st</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		3		1		1
5		3		1		1
6		0		1		1
7		0		1		1
8		0		1		1
9		0		1		1
10	1		1		1	
11		1		1		1
12		2		1		1
13		2		1		1
14	1		1		1	
15	1		1		1	
16	1		1		1	
17	1		1		1	
18		0		1		1
19		0		1		1
20		0		1		1
21		0		1		1
22	1		1		1	
23		1		1		1
24		0		1		1
25		0		1		1
26		0		1		1
27		0		1		1
28		0		1		1
29		0		1		1
30		0		1		1
31				1		1
32				1		1
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49						
50						
TOTAL IND.	7	↓	7	↓	7	↓
TOTAL DEP.	29	←	25	←	25	←
TOTAL CLAIMS	36		32		32	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						